



POLICY BRIEF  
Veterans' Health Care in Rural Virginia  
Supplement III – Care in the Community  
December, 2011

## Introduction

Access to quality care in a veteran's community, for both the veteran and his or her family, is a key concern of veterans and their advocates. The VHA Office of Rural Health reports that 41% of all veterans who are enrolled in the VA health care system reside in rural or highly rural areas, making distance to care the most significant barrier to healthcare. The 2010 study by the VWWP found that for Virginia veterans residing in rural communities financial resources, time constraints and distance are primary barriers to travel to a VA health care center for treatment.<sup>1</sup> Veterans residing in more rural sections of the Commonwealth not only face the barrier of distance they also face a lack of local health resources. The VA has implemented programs to address the needs of rural veterans within the veteran's community if possible, and is piloting additional initiatives to determine their feasibility for a more widespread implementation.

## Programs and Pilots

***Patient Aligned Care Teams (PACT)*** - The Patient Aligned Care Team (PACT) was developed by the VA to improve the delivery of primary care for veterans in a more patient-centered environment. PACTs are composed of the veteran's primary care provider, nurse, specialist, social worker, pharmacist, dietitian and others as the medical needs of the veteran may dictate. The veteran is an active participant in their health care planning. The PACT will assist the veteran in scheduling care and provide information on the prevention and/or management of disease when seeking medical care at a VA primary care site.

***Community Based Outpatient Clinics (CBOC)*** - A CBOC is a community based primary healthcare facility that is separate from the VA medical facility and is managed at the Veterans Integrated Service Network (VISN) level. The CBOC can be VA owned and staffed or contracted to a Healthcare Management Organization (HMO). The facilities are required to have professional medical staff, access to diagnostic testing and treatment capability, and the referral resources to ensure continuity of health care. The type of medical care provided at a CBOC can range from the provision of mental health services, management of acute and chronic medical conditions, and pharmacy benefits in addition to the provision of primary care. There are 12 CBOC sites located in Virginia in the following locations: 1) Charlottesville; 2) Danville; 3) Emporia; 4) Fort Belvoir; 5) Fredericksburg; 6) Harrisonburg; 7) Lynchburg; 8) Norton; 9) Tazewell; 10) Virginia Beach; 11) Winchester; and, 12) Wytheville.

***Access Received Closer to Home (ARCH)*** - Project ARCH is a 3-year pilot program to provide specific non-VA health care services in the community through contractual arrangements with non-VA care providers. Project ARCH intends to improve access for eligible veterans by connecting them to health care services closer to their home. The veteran's ability to participate in Project ARCH is based on specific criteria including the veteran's enrollment in VA health care at the time the pilot commenced, and the veteran residing a specified distance from a VA facility. The required distances are based on the level of care the veteran requires. The distance requirements for participation are listed below with the veteran only required to meet one of the listed criteria:

- Primary care 60 minutes
- Secondary care 120 minutes
- Acute care 240 minutes

In Virginia a pilot site has been located in Farmville.

***Virtual Lifetime Electronic Record (VLER)*** - The VA is also piloting the Virtual Lifetime Electronic Record (VLER) which allows for the sharing of certain parts of a veteran's health record between the VA, Department of Defense (DoD), and selected private providers over a secure network known as the Nationwide Health Information Network. VLER creates a unified lifetime health record for service members and veterans with the goals of keeping health care providers informed, improve continuity and timeliness of care, and eliminate gaps in healthcare information. The veteran's participation in the program is on a voluntary basis. The Hampton VA Medical Center is the second location in the country to pilot VLER and has participated in VLER since fall 2010. <sup>2</sup>

***Clinical Video Telehealth (CVT)*** - The VA has implemented CVT services to improve veteran health care services for veterans who reside in more remote locations by linking the veteran to the professional health care provider via video technologies. If a veteran is obtaining services at a CBOC and needs specialty services the veteran would be referred to a VA medical center. The use of CVT reduces the need for a veteran to travel to a VA medical center to receive specialty care. CVT uses telehealth technologies to make diagnoses, manage care, perform check-ups and provide care. The CVT services that are available to the veteran will vary according to where the veteran resides.<sup>3</sup>

## ***References***

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<sup>1</sup> Virginia Wounded Warrior Program, Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia, August 2010.

<sup>2</sup> Healthcare IT News. *Virtual Lifetime Electronic Record pilot expands to include more veterans*. Retrieved on December, 2011 from <http://healthcareitnews.com/news/use-it-helps-va-outperform-private-sector>

<sup>3</sup> US Department of Veterans Affairs. VHA Office of Telehealth Services. Real-Time Clinic Based Video Telehealth. Retrieved November 9, 2011 from <http://www.telehealth.va.gov/real-time/index.asp>.